

LCE 12/29/03

| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 | | | | Application or Docket Number 09/987 469 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CLAIMS AS FILED - PART I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Column 1) | | (Column 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL CLAIMS | 7 | NUMBER FILED | NUMBER EXTRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL CHARGEABLE CLAIMS | minus 20 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEPENDENT CLAIMS | 1 | minus 3 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Column 1) | | (Column 2) | | (Column 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 7 | minus 20 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Independent | 1 | minus 3 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">(Column 1)</th> <th colspan="2" style="text-align: center;">(Column 2)</th> <th colspan="2" style="text-align: center;">(Column 3)</th> </tr> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">AMENDMENT 10-9-05</td> <td>CLAIMS REMAINING AFTER AMENDMENT</td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> <td colspan="2"></td> </tr> <tr> <td>Total</td> <td style="text-align: center;">7</td> <td style="text-align: center;">minus 20 =</td> <td colspan="2"></td> </tr> <tr> <td>Independent</td> <td style="text-align: center;">1</td> <td style="text-align: center;">minus 3 =</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/></td> </tr> </thead></table> </div> <div style="width: 30%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">(Column 1)</th> <th colspan="2" style="text-align: center;">(Column 2)</th> <th colspan="2" style="text-align: center;">(Column 3)</th> </tr> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">AMENDMENT 10-06-04</td> <td>CLAIMS REMAINING AFTER AMENDMENT</td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> <td colspan="2"></td> </tr> <tr> <td>Total</td> <td style="text-align: center;">7</td> <td style="text-align: center;">minus 20 =</td> <td colspan="2"></td> </tr> <tr> <td>Independent</td> <td style="text-align: center;">1</td> <td style="text-align: center;">minus 3 =</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/></td> </tr> </thead></table> </div> <div style="width: 35%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">SMALL ENTITY TYPE <input type="checkbox"/></th> <th colspan="2" style="text-align: center;">OR</th> <th colspan="2" style="text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> <tr> <th>RATE</th> <th>FEE</th> <th>RATE</th> <th>FEE</th> <th>RATE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE</td> <td style="text-align: center;">370.00</td> <td>OR</td> <td>BASIC FEE</td> <td style="text-align: center;">740.00</td> <td></td> </tr> <tr> <td>X5 9=</td> <td></td> <td>OR</td> <td>X5 18=</td> <td></td> <td></td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X34=</td> <td></td> <td></td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td>OR</td> <td>TOTAL</td> <td style="text-align: center;">170.</td> <td></td> </tr> </tbody> </table> </div> </div> | | | | | | (Column 1) | | (Column 2) | | (Column 3) | | AMENDMENT 10-9-05 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | Total | 7 | minus 20 = | | | Independent | 1 | minus 3 = | | | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | (Column 1) | | (Column 2) | | (Column 3) | | AMENDMENT 10-06-04 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | Total | 7 | minus 20 = | | | Independent | 1 | minus 3 = | | | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | SMALL ENTITY TYPE <input type="checkbox"/> | | OR | | OTHER THAN SMALL ENTITY | | RATE | FEE | RATE | FEE | RATE | FEE | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 | | X5 9= | | OR | X5 18= | | | X42= | | OR | X34= | | | +140= | | OR | +280= | | | TOTAL | | OR | TOTAL | 170. | |
| (Column 1) | | (Column 2) | | (Column 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMENDMENT 10-9-05 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 7 | minus 20 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Independent | 1 | minus 3 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Column 1) | | (Column 2) | | (Column 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMENDMENT 10-06-04 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 7 | minus 20 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Independent | 1 | minus 3 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY TYPE <input type="checkbox"/> | | OR | | OTHER THAN SMALL ENTITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RATE | FEE | RATE | FEE | RATE | FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X5 9= | | OR | X5 18= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X42= | | OR | X34= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| +140= | | OR | +280= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | OR | TOTAL | 170. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |